

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Cory Clements

OFFICE USE ONLY

Date Received

Ablene City Secretary

APR 26 2019

Filed for Record

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

☐ Change of Address

500 Chestnut St. Ste 102, Abilene, TX 79602

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 437-6544

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mr. Blaise Regan

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

104 Pine St. Ste 601, Abilene, TX 79601

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(325) 268-4142

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

03 / 26 / 2019

THROUGH

Month

Day

Year

04 / 24 / 2019

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 04 / 2019

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council - Place 5

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

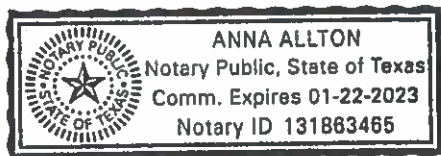
14 C/OH NAME <u>Cory Clements</u>	15 Filer ID (Ethics Commission Filers)
--------------------------------------	--

16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>40.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>14,594.63</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,777.31</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>10,502.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

## 18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cory Clements, this the 26 day of April, 20 19, to certify which, witness my hand and seal of office.

[Signature] Anna Allton  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Cary Clements*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,594.63
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 200.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,777.31
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

*Tim Smith*

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$77.82*

6 Contributor address;

City; State; Zip Code

*817 S 2nd, Abilene, TX 79602*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Charles Allen*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$77.82*

Contributor address;

City; State; Zip Code

*PO Box 498, Abilene, TX 79604*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Arlene Poteet*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$38.91*

Contributor address;

City; State; Zip Code

*PO Box 7452 Abilene, TX 79608*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Adam Becker*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$116.73*

Contributor address;

City; State; Zip Code

*5241 Adams Dr. Abilene, TX 79605*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Patty Wellborn*

6 Contributor address;

City; State; Zip Code

*2610 Susan St. Abilene, TX 79606*

7 Amount of contribution (\$)

*\$77.82*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Misty Donald*

Contributor address;

City; State; Zip Code

*749 Grove St. Abilene, TX 79606*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Kelsi Mangrum*

Contributor address;

City; State; Zip Code

*6 Hospital Dr. Abilene, TX 79606*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Timber Burkley*

Contributor address;

City; State; Zip Code

*1513 Weatherford Rd. Abilene, TX 79606*

Amount of contribution (\$)

*\$38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Kimberly Parks*

7 Amount of contribution (\$)

*\$38.91*

6 Contributor address;

City; State; Zip Code

*170 E Harris, San Angelo TX 76903*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Megan Myers-Bell*

Amount of contribution (\$)

*\$77.82*

Contributor address;

City; State; Zip Code

*402 Cypress, Abilene TX 79601*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Amber Huff*

Amount of contribution (\$)

*\$77.82*

Contributor address;

City; State; Zip Code

*300 Chestnut, Suite 102, Abilene TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Travis Clements*

Amount of contribution (\$)

*\$77.82*

Contributor address;

City; State; Zip Code

*5722 110th St, Lubbock 79424*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Kentara West*

6 Contributor address;

City; State; Zip Code

*300 Chestnut, Suite 102, Abilene, TX 79602*

7 Amount of contribution (\$)

*\$77.82*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Garle Thompson*

Contributor address;

City; State; Zip Code

*1101 S. Luggett Dr., Abilene, TX 79605*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Sharon Smith*

Contributor address;

City; State; Zip Code

*300 Chestnut, Suite 1634, Abilene, TX 79602*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Tyler Vinson*

Contributor address;

City; State; Zip Code

*300 Oak Street, Abilene, TX 79602*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/13/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Annie Halbert*

6 Contributor address;

City; State; Zip Code

*412 Bay Shore Ct, Abilene, TX 79602*

7 Amount of contribution (\$)

*\$389.10*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Jordan Magee*

Contributor address;

City; State; Zip Code

*1057 S 3rd, Abilene, TX 79602*

Amount of contribution (\$)

*\$ 77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Margan Mash*

Contributor address;

City; State; Zip Code

*1700 Industrial Blvd, Abilene, TX 79602*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/17*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Ashten Anderson*

Contributor address;

City; State; Zip Code

*1057 S 3rd, Abilene, TX 79602*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Michele Kilborn*

6 Contributor address;

City; State; Zip Code

*7541 Aubrey Estate Circle, Abilene, TX 79602*

7 Amount of contribution (\$)

*\$77.82*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Laura Millican*

Contributor address;

City; State; Zip Code

*3417 Gregg Lane, Abilene, TX 79604*

Amount of contribution (\$)

*\$38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Timothy Nedreken*

Contributor address;

City; State; Zip Code

*340 S Treadway, Abilene, TX 79602*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Trevor Ruge*

Contributor address;

City; State; Zip Code

*65530 ~~Abilene~~ Directors Hwy, Abilene, TX 79604*

Amount of contribution (\$)

*\$38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cay Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

*Jaquie Thweatt*

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

*\$155.64*

6 Contributor address;

City; State; Zip Code

*4710 Spring Creek Rd, Abilene, TX 79602*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Shelbi Fields*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$77.82*

Contributor address;

City; State; Zip Code

*299 FM 1082, Abilene, TX 79601*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Chad Mancine*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$77.82*

Contributor address;

City; State; Zip Code

*1425 Tulane Dr. Abilene, TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Lisa Niederacker-Blaesoe*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

*\$38.91*

Contributor address;

City; State; Zip Code

*540 S. Tredegar, Abilene, TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Brandi Kaufman*

6 Contributor address;

City; State; Zip Code

*14467 CR 242, Abilene TX 79602*

7 Amount of contribution (\$)

*\$77.82*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Tara Gilmore-Low*

Contributor address;

City; State; Zip Code

*613 Hickory, Abilene, TX 79601*

Amount of contribution (\$)

*\$155.64*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Gerald Wing*

Contributor address;

City; State; Zip Code

*1725 Marcello Dr., Abilene TX 79603*

Amount of contribution (\$)

*\$54.85*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Adam Ewing*

Contributor address;

City; State; Zip Code

*1775 Marcello Dr. Abilene, TX 79603*

Amount of contribution (\$)

*\$38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Samantha Morrow*

6 Contributor address;

City; State; Zip Code

*3610 Vine St. Abilene, TX 79602*

7 Amount of contribution (\$)

*\$77.82*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Tara G. Lane-Low*

Contributor address;

City; State; Zip Code

*613 Hickory, Abilene, TX 79601*

Amount of contribution (\$)

*\$38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Smith Fletcher*

Contributor address;

City; State; Zip Code

*2 Village Pk. Suite 400, Abilene, TX 79606*

Amount of contribution (\$)

*\$77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*George Spindler*

Contributor address;

City; State; Zip Code

*6634 Piccadilly St. Abilene, TX 79606*

Amount of contribution (\$)

*\$38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Corey Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Melisa Garcia*

6 Contributor address;

City; State; Zip Code

*4449 S. 1st Abilene, TX 79605*

7 Amount of contribution (\$)

*\$ 38.91*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Leticia Reyes*

Contributor address;

City; State; Zip Code

*309 Stallion Rd, Abilene, TX 79606*

Amount of contribution (\$)

*\$ 38.91*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*David De Foor*

Contributor address;

City; State; Zip Code

*324 Chestnut Abilene, TX 79602*

Amount of contribution (\$)

*\$ 77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Jennifer Hernandez*

Contributor address;

City; State; Zip Code

*324 Chestnut, Abilene, TX 79602*

Amount of contribution (\$)

*\$ 77.82*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

*Jack Hud*

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

*\$ 38.91*

6 Contributor address;

City; State; Zip Code

*104 Pine Suite 200, Abilene TX 79601*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*James Bridwell*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$ 36.05*

Contributor address;

City; State; Zip Code

*700 China, Abilene TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Tobitha Garcia*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$ 77.82*

Contributor address;

City; State; Zip Code

*110 Turkey Creek Lane, Abilene TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

*Kristin Pastell*

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

*\$ 72.10*

Contributor address;

City; State; Zip Code

*104 Pine Suite 408, Abilene TX 79601*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clemente*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*Samuel Garcia*

6 Contributor address;

City; State; Zip Code

*26 High Life Cir, Abilene, TX 79606*

7 Amount of contribution (\$)

*\$51.05*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#)

*Nicholas Tenet*

Contributor address;

City; State; Zip Code

*300 Chestnut Suite 1800, Abilene, TX 79602*

Amount of contribution (\$)

*\$51.05*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#)

*Blake Fulkerson*

Contributor address;

City; State; Zip Code

*110 N. Access Rd, Abilene, TX 79710*

Amount of contribution (\$)

*\$250.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#)

*Cade Bournig*

Contributor address;

City; State; Zip Code

*802 Mulberry, Abilene, TX 79601*

Amount of contribution (\$)

*\$100*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID#:

*Ashton Anderson*

7 Amount of contribution (\$)

*\$250.00*

6 Contributor address;

City; State; Zip Code

*1057 S. 3rd Abilene, TX 79602*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Kelly McCarty*

Amount of contribution (\$)

*\$500.00*

Contributor address;

City; State; Zip Code

*7817 Seabell Creek, Abilene, TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*Business Owner*

*McCarty Equipment*

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Robert McLeod*

Amount of contribution (\$)

*\$500.00*

Contributor address;

City; State; Zip Code

*237 Market Street, Abilene, TX 79604*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

*Attorney*

*McLeod Law Firm*

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Abilene Police Association*

Amount of contribution (\$)

*\$1,000.00*

Contributor address;

City; State; Zip Code

*PO Box 2261, Abilene, TX 79604*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/5/19*

5 Full name of contributor

☐ out-of-state PAC (ID#:

*Majd Chanyen*

7 Amount of contribution (\$)

*\$2,000.00*

6 Contributor address;

City; State; Zip Code

*500 Chestnut St. Ste 1509, Abilene, TX 79602*

8 Principal occupation / Job title (See Instructions)

*Attorney*

9 Employer (See Instructions)

*MMC Law Firm*

Date

*4/5/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Tim Smith*

Amount of contribution (\$)

*\$2,000.00*

Contributor address;

City; State; Zip Code

*817 S. 2nd, Abilene, TX 79602*

Principal occupation / Job title (See Instructions)

*Business Owner*

Employer (See Instructions)

*Soda District Courtland*

Date

*4/8/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*D'Ann Clements*

Amount of contribution (\$)

*\$200.00*

Contributor address;

City; State; Zip Code

*3708 150th, Lubbock, TX 79424*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/8/19*

Full name of contributor

☐ out-of-state PAC (ID#:

*Sam Reyes*

Amount of contribution (\$)

*\$200.00*

Contributor address;

City; State; Zip Code

*8225 Saddle Creek, Abilene, TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

7 Amount of contribution (\$)

4/5/19

Ron Butler

6 Contributor address; City; State; Zip Code

16 St. Andrews, Abilene, TX 79606

\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Banker / Chairman / CEO

First Financial Bank

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

4/17/19

Frank Scarborough

Contributor address; City; State; Zip Code

PO Box 3659, Abilene, TX 79604

\$300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

Scarborough Law Firm

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

4/22/19

Pontia Moore

Contributor address; City; State; Zip Code

4700 Catclaw, Abilene, TX 79606

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

4/22/19

S. M. Moore

Contributor address; City; State; Zip Code

PO Box 1135, Abilene, TX 79604

\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Cory Clements*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/22/19*

5 Full name of contributor

*Justin + Alex Russell*

☐ out-of-state PAC (ID# \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

*PO Box 788, Abilene, TX 79604*

7 Amount of contribution (\$)

*\$2000.00*

8 Principal occupation / Job title (See Instructions)

*Business Owner*

9 Employer (See Instructions)

*JAR*

Date

*4/22/19*

Full name of contributor

*John Hill*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

*PO Box 21, Abilene, TX 79604*

Amount of contribution (\$)

*\$100.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*4/22/19*

Full name of contributor

*Victoria Carter*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

*618 Hickory St. Abilene, TX 79601*

Amount of contribution (\$)

*\$500.00*

Principal occupation / Job title (See Instructions)

*Attorney*

Employer (See Instructions)

*Carter Law Firm*

Date

*4/22/19*

Full name of contributor

*Samuel Garcia*

☐ out-of-state PAC (ID# \_\_\_\_\_)

Contributor address;

City; State; Zip Code

*29 High 2Fe Ct. Abilene, TX 79606*

Amount of contribution (\$)

*\$60.00*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Cory Clements</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i>200.00</i>	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>Stanton Taylor</i>	8 Amount of Contribution \$	9 In-kind contribution description <i>Event/concert work</i>
	7 Contributor address; City: State: Zip Code <i>382 Chestnut, Abilene, TX 79602</i>	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Amendment 21</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City: State: Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Cory Clements</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/13/19</i>		5 Payee name <i>3rd Street Printing</i>			
6 Amount (\$) <i>\$571.25</i>		7 Payee address; City; State; Zip Code <i>1230 N. 3rd St. Abilene, TX 79601</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Marketing / Printing</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>4/4/19</i>		Payee name <i>Amundson 21</i>			
Amount (\$) <i>\$251.00</i>		Payee address; City; State; Zip Code <i>382 Chestnut, Abilene, TX 79602</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Food / Bar Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>4/8/19</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>\$186.96</i>		Payee address; City; State; Zip Code <i>1 Hacker Way, Menlo Park, CA 94025</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Online Advertising</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Cory Clements</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/18/19</i>		5 Payee name <i>Tractor Supply</i>			
6 Amount (\$) <i>\$88.30</i>		7 Payee address; City; State; Zip Code <i>4450 Southwest Dr. Abilene, TX 79606</i>			
8 <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule) <i>Signs</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>4/4/19</i>		Payee name <i>Advanced Graphics</i>			
Amount (\$) <i>\$541.25</i>		Payee address; City; State; Zip Code <i>320 23rd St. Lubbock, TX 79404</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Signs</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <i>4/8/19</i>		Payee name <i>Inside The Fence Productions</i>			
Amount (\$) <i>\$5,800.00</i>		Payee address; City; State; Zip Code <i>9300 Truxtun, Austin, TX 78735</i>			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Cory Clements</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>4/5/19</i>		5 Payee name <i>Eventdate</i>			
6 Amount (\$)  <i>338.61</i>		7 Payee address; City; State; Zip Code  <i>155 5TH ST 7A Flr San Francisco, CA 94103</i>			
8  <b>PURPOSE OF EXPENDITURE</b>		(a) Category (See Categories listed at the top of this schedule)  <i>Accounting/Banking/Fees</i>		(b) Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
<b>PURPOSE OF EXPENDITURE</b>		Category (See Categories listed at the top of this schedule)		Description  <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____			

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